

CLAIMS ONLY						Application Number 10536619	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5							
6							
7							
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18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30	1						
31		1					
32		1					
33		1					
34		1					
35		1					
36		1					
37		1					
38		1					
39		1					
40		1					
41		1					
42		1					
43	1	1					
44		1					
45		1					
46		1					
47		1					
48		1					
49	1	1					
50		1					
Total Indep	4						
Total Depend	21						
Total Claims	25						